PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001  10013007 4955 - 4301												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								ALLE PE E	NTITY	OR	OTHER	
יי	OTAL CLAIMS		30				Г	RATE	FEE	7	RATE	FEE ·
FOR			NUMBER FILED		MUMBER EXTRA		BA	SC FE	370.0	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			3 <i>O</i> minus 20=		10			C\$ 8=	91	OR	X\$18=	
IN	DEPENDENT C	LAIMS	2 minus 3 -		·			X42= 8		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								140=	B	OR		
* If the difference in column 1 is less than zero, enter "O" in column 2							_	OTAL	46			
CLAIMS AS AMENDED - PART (I (Column 1) (Column 2) (Column 3)									ENTITY		OTHER SMALL	
<b>AMENDMENT A</b>		CLAIMS REMADIING AFTER AMENDMENT	Ţ	HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI TIONA FEE		RATE	ADDI- TIONAL FEE
Ē	Total	. 36	Minus	- 3	30	-6	) >	<b>\$</b> 9-	5	OR	X\$18=	
AME	Independent	· A	Minus		3	<u> -</u>		(42=	•	OR	X84=	·
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								140=.		OR	+280=	
140								TOTAL	54:	OR	YOTAL ADDIT FEE	
(Cotumn 1) (Cotumn 2) (Cotumn 3)												•
AMENDMENT B		CLAINS REMARKING AFTER AMENDMENT	;	HIGH NUM PREVIO PAID	BER XUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
NON	Total	. 13	Minus	*	36	•	×	39= ·	•	OR	X\$18=	
AME	Independent	• 2	Minus	ENDENT.	3	-	×	<b>42-</b>		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								140 <del>-</del>		OR	+280=	
Processed on 4/12/06								YOTAL IL FEE		OR	YOTAL ADOIT, FEE	
(Column 2) (Column 3)												
EMC		CLAIMS REMAINING AFTER AMENDMENT	. #	HIGH NUME PREVIO PAID I	ER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
AMENDA	Total	• 14	Minus	<b>-</b> 30	2	- Ø	×	<b>59</b> -	1	OR	X\$18=	
3	Independent	•	Minus		3	·()	x	42=	1	1	X84=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDENT	CLAIM				+	OR		
• 1	* If the entry in column 1 is less than the entry in column 2, write "If in column 3.									OR	+280=	
** If the Trighest Number Previously Paid For' IN THIS SPACE is less than 20, other 20.*  ** If the Trighest Number Previously Paid For' IN THIS SPACE is less than 20, other 20.*  ** If the Trighest Number Previously Paid For' IN THIS SPACE is less than 3, enter 20.*  The Trighest Number Previously Paid For' (footal or Independent) is the highest number found in the appropriat box in column 1.												
ORM	PTO-875 (Rose MA	01)		<b>D</b> o	3 47 Q.200 ·	190 / SUILUT	Pulest ac	d Virginia	era Office,	ua de	WITHERT OF	CONNERCE

Application or Docket Number